

<b>Case Number:</b>	CM15-0018754		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/20/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who sustained an industrial injury on 2/2/02 in a slip and fall involving the left side of her body. She is currently experiencing moderate neck, left wrist; mid and low back pain and severe left hip and knee pain. She has severe left shoulder pain at extremes of motion. She is 6 months post-operative left shoulder arthroscopic decompression and rotator cuff repair. Medications are Norco, Prilosec, Xanax and topical creams Ketoprofen, Gabapentin and Tramadol. Diagnoses include status post left shoulder arthroscopic decompression and rotator cuff repair (6/20/14); cervical sprain/ strain; right shoulder impingement with posttraumatic arthrosis of the acromioclavicular joint; left wrist sprain/ strain; left knee internal derangement, status post prior arthroscopy (4/5/13); left leg thrombophlebitis, chronic; status vena cava umbrella cage placement; obesity; diabetes; lumbar sprain/ strain, chronic; depression; insomnia. Treatments to date include physical therapy medications, steroid injection into left hip (12/15/14) with good relief of pain. There was no specific reference to the request for Xanax 1 mg # 60 in the latest progress note of 12/15/14. On 1/21/15 Utilization Review non-certified the request for Xanax 1 mg # 60 citing MTUS: Chronic Pain Medical Treatment Guidelines: Benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Xanax 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was taking Xanax at night for over 2 months. In October 2014, she was noted to be taking Xanax for insomnia. The sleep disturbance, cause, relationship was not identified. Behavioral interventions to assist with sleep were not mentioned, Long-term use of Xanax is not indicated and not medically necessary.